



# Aviation Safety & Health Partnership Program

## Injury and Illness Reporting System



### GROUND - INJURY

<b>1. First Name</b>		<b>2. Last Name</b>	
<input type="text"/>		<input type="text"/>	
<b>3. Gender</b> (F, M)		<b>4. Age</b>	
<input type="text"/>		<input type="text"/>	
<b>5. Job Title</b>		<b>6. Company Name</b>	
<input type="text"/>		<input type="text"/>	
<b>7. Date of Injury</b>		<b>8. Check here if a crewmember was on board</b>	
<input type="text"/>		<input type="checkbox"/>	
<b>9. Light Condition</b> (daylight, night, twilight)		<b>10. Weather Condition</b> (clear, fog, rain, snow)	
<input type="text"/>		<input type="text"/>	
<b>11. Aviation activity at time of injury</b> (e.g., boarding, maintenance, etc.)		<b>12. Airport Identifier</b> (e.g., LAX, DFW, etc.)	
<input type="text"/>		<input type="text"/>	
<b>13. Where on the ground did this happen?</b> <i>(aircraft, gate, jetway, maintenance facility, ramp, run-up area, taxiway)</i>	<b>14. If on the aircraft, where on the aircraft?</b> <i>(cargo compartment, cabin, cockpit, doorway, emergency exit, fuselage, galley, lavatory, stairs, wing)</i>	<b>15. Aircraft (make, model, series)</b> <i>(e.g., B-727-200)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>16. Description of injury (ies) :</b> (e.g., twisted ankle, broke arm, etc.)			
<input type="text"/>			
<b>How did this injury happen?:</b> (e.g., fell off stairs, hit by ladder, etc.)			
<input type="text"/>			
<b>Person(s) or thing(s) involved:</b> (e.g., ice on stairs, K-loader, tug, etc.)			
<input type="text"/>			
<b>17. Briefly describe what happened. Include any additional information and/or contributing factors:</b>			
<input type="text"/>			
<b>18. Medical Treatment</b>		<b>Medical Treatment Received?</b> <i>(e.g., stitches, cast, pain medicine, etc.)</i>	<b>19. Number of days off work?</b>
<input type="radio"/> None <input type="radio"/> First Aid Only <input type="radio"/> Beyond First Aid		<input type="text"/>	<input type="text"/>



# Aviation Safety & Health Partnership Program

## Injury and Illness Reporting System



### GROUND - ILLNESS

<b>1. First Name</b>		<b>2. Last Name</b>	
<input type="text"/>		<input type="text"/>	
<b>3. Gender</b> (F, M)		<b>4. Age</b>	
<input type="text"/>		<input type="text"/>	
<b>5. Job Title</b>		<b>6. Company Name</b>	
<input type="text"/>		<input type="text"/>	
<b>7. Date of Illness</b>		<b>8. Check here if a crewmember was on board</b>	
<input type="text"/>		<input type="checkbox"/>	
<b>9. Aviation activity at time of illness</b> (e.g., boarding, maintenance, etc.)		<b>10. Airport Identifier</b> (e.g., LAX, DFW, etc.)	
<input type="text"/>		<input type="text"/>	
<b>11. Where on the ground did this happen?</b> <i>(aircraft, gate, jetway, maintenance facility, ramp, run-up area, taxiway)</i>	<b>12. If on the aircraft, where on the aircraft?</b> <i>(cargo compartment, cabin, cockpit, doorway, emergency exit, fuselage, galley, lavatory, stairs, wing)</i>	<b>13. Aircraft (make, model, series)</b> (e.g., B-727-200)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>14. Symptom(s) experienced :</b> (e.g., fainting, difficulty breathing, nausea, etc.)			
<input type="text"/>			
<b>15. Briefly describe what happened. Include any additional information and/or contributing factors:</b>			
<input type="text"/>			
<b>16. Medical Treatment</b>		<b>Medical Treatment Received?</b> (e.g., stitches, cast, pain medicine, etc.)	<b>17. Number of days off work?</b>
<input type="radio"/> None <input type="radio"/> First Aid Only <input type="radio"/> Beyond First Aid		<input type="text"/>	<input type="text"/>